page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physician. STATE OF MARYLAND

	STATE REGISTRAR			DEPART		CATE OF DEAT		REGING	o. 7	n .	0 0 0
	CEASED NAME E OR PRINT)	BERNIC		0.	ADAMS	151	20	DATE OF DEATH	7 19	SS S	6 AM
3. SE	FEMALE	4 RA	BLAC	CK	5. DATE O		AR	AGE (IN YEARS LAST BIRT	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.
	MARY LAND		U. S	S. A.	WIDOWE		ED X	Howar	d		MD.
10 C	olumbia	ATH 11.		OSPITAL, NURSIN FACILITY, GIVE STREET Count		rother institution	ON 12	TYPE ON THE OR MOST OF	ON F WORKING (IFE)	INDNS/RA	OF BUSINESS OR
13a	MARY LAND	136 CHOWA	ARD	COLUMB	ADMISSION)	131. IN YOE CITY LIV		5352ADRASC	ZIP GAT	E RUN	145
1	ROBERT WI			LAST		BERTH'A		LIAMS	Hy	LAS	ST
16a	WAS DECEASED EVER		FORCES?	218-28-		BERNICE	ADAI	ms 5352			
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	gave rise to im- cause (a), statu underlying cause	ng the	DUE TO, OR	AS A CONSEQU	ENCE OF						
NOI			(c) DITIONS <u>CO</u> I	NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEASE OR CONI	DITION GIVE	N IN PART I	0,
TIFICATION		NIFICANT CONE	DITIONS <u>CO</u>	W. Teller		NOT RELATED TO THE		AL DISEASE OR CONI	20b. IF YES,	WERE FINDING CAUSES	NGS USED
CAL CERTIFICATION	PART 2 OTHER SIG	NIFICANT COND	196 CONDIT	INJURY A. MONTH D	OPERATION	V WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
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	PART 2 OTHER SIG	IDERLYING CAUSE OF DEATH ICAL EXAMINER) IRED HILE I (this hospital) coled alive on	19b. CONDIT 21b. TIME OF HOUR A.M 21e PLACE O (AT HOME, STREE)	INJURY A. MONTH D A. SF INJURY ET, FACTORY, OFFICE. deceosed from 19	AY YEAR 19 FARM, ETC.)	21c HOW INJURY 21l LOCATION STREET , 19 d that in (my) (our) DEGREE ATTEN	OCCURRED Opinion dec	200 AUTOPSY? YES NOW (ENTER NATURE OF INJUR CITY OR TO: the occurred on the do	78b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI	WERE FIND II ING CAUSES COUNTY COUNTY 9 ond from the	NGS USED OF DEATH? NO STATE that [1] (we) last causes stated SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

ST				

1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE	0 0 0 3
L	REGISTRAR		CERTIFICATE OF DEATH	8 5G.NO. Z	0 2 7 0
1	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	* Prook
-	TOB		BENNETT	JULY 23, 1985	UNDER 1 YEAR IF UNDER 23 HRS
1	3 SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	MC	UNDER 1 YEAR IF UNDER 24 HRS
4	FEMALE	CAUCASIAN	OCTOBER 17,1934	50 YRS	
1	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY O	JF DEATH
4	NEW YORK	U.S.A. 11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED D	HOWARD COUNTY	MD. 126 KIND OF BUSINESS OR
1	BENDER C. (ALC: 1-10)	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
1	COLUMBIA USUAL RESIDENCE (IF NURSING HOME OR		NTAIN CIR. (21044)	HOUSEWIFE	HOME MAKER
	MARYLAND HOW	ITY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 10638 GREEN MOUN	ΓAIN CIR.(21044
a	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ΛE	
4	CERALD	MINTZER	SYDNEY	WIDDLE	GULKTS
	160 WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	21044)
	NO	113-26-3	646 BERNARD BENN	NETT 10638 GREEN	OUNTAIN CIR.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
1		CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	V IN PART Ita
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
1	OR CONTRIBUTION TO CAUSE OF OF OF	TH HOUR A.M. MONTH DA	19 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	1 OR PART 2)
	VILLE NOT WHILE ALL WORK ALL W	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FI	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this haspi saw the deceased alive on abave, (1) (we) (did) (did na	tal) attended the deceased from	8 C, and that in (my) (aur) opinion o	to 19	that (1) (we) last and fram the causes stated
	226. SIGNATURE	lelasan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/25/OT
	22d PHYSICIANS NAME (TYPES	CASSEN!	600 Reco	tustown Rel.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

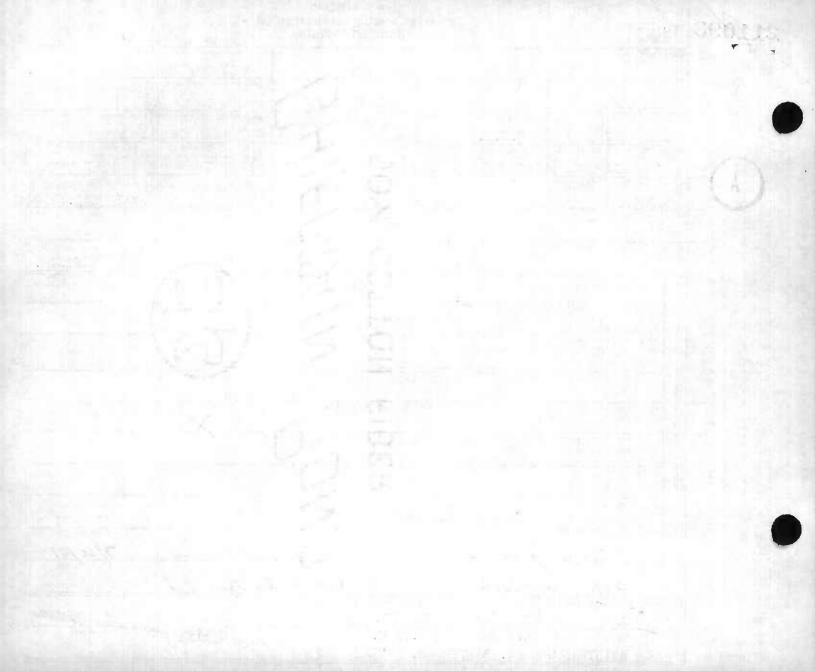
23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
BALTIMORE

7/25/85 MOSES MONTEFIORE CEM BALTIMORE
SOL LEVINSON & BROS., INC. 250. DATE RECORD GO THAT S SIGNATURE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

8010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215



	1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYGIEI	NE	
210208	11-	STATE	MEDICAL EXAMINI	ER'S CERTIFICATE OF DE	ATH: O O	2 9 0
		REGISTRAR CEASED NAME FIRST	WEDICAL EXAMINA	ER 3 CERTIFICATE OF DE	REG. DO.	DAY YEAR 26 HOU
		E OR PRINT)			OF ESTI-	
2845	-	Melann		Bladek		-23 19 85
STEER OF	II SEX	4. RACE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY	RS IF UNDER TYR. IF UNDER 24 HRS Y) MONTHS DAYS HOURS MIN.	PRONOUNCED MONTH	DAY YEAR 24 HOU 5:20
ON 200 N	FL	MALE WHITE	JULY 21 1960 25/R	S.	DEAD 7-	-23 1985 p. /
CESSARY, PUERAL DIRECTOR YOUR MITHIN 72 H	70. BI	RTHPLACE (STATE OR	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
DESER !	17	ENNSYLVANIA	U.S.A.	WIDOWED DIVORCED	Howard County	7 , M
の世界語言		TY OR TOWN OF DEATH	I NAME OF HOSPITAL, NURSING HOME,		SUAL OCCUPATION (TYPE OF WORK R MOST OF WORKING LIFE)	
多数医型	/	HIGHLAND	Rt. 216 at Hall Sho		RAY TECH.	HOSPITAL
- Shang	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	N)		
OFE. MD. 2120 AGES 1. 2. AND AGES 1. 2. AND BM PM. 3. REFA 1. AND 25H-OUL 1. OF WITAL RECOL	28 A A	TATE 136 COUNTY		13d. INSIDE CITY LIMITS? 13e ST	REET ADDRESS POT TAMAR DI	R 21045
		ATHER'S NAME	COLUMBIA	15. MOTHER'S MAIDEN NAM		
		FIRST /	MIDDLE BAST	FIRST	MIDDLE	LAST
	160	VAS DECEASED EVER IN U.S. ARM	SEPH SLAPER ED FORCES? 166. SOCIAL SECURITY			15 NOCIK
₩ HH B SKO	(Y	ES, NO, OR HIKNOWN) (IF YES, GIVE W		1323 1- 11-	ADDRESS M	EDWAY ST.
RE AL MITH MITH PAG DIVISI		110	180.48	368 CREG MADDOX	WHEATON	
£ 200 E.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane couse per line far (o), (b), and (c).)			BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM 1 VER ALONG VER ALONG AL HYGIENE, REMOVAL.			CAUSE (0) Multiple Inj	juries		
W. PRESTON WITHIN 24 FENCIL IN ITE MINER AIDH TRANSIT PEI SINTAI HYGIE OR REMOVA			DUE TO, OR AS A CONSEQUENCE O	OF .		
AANS AANS AANS AANS AANS AANS AANS AANS		Conditions, if ony, which gave rise to immediate	(b)			
× ×××××××××××××××××××××××××××××××××××		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O)F		
NA PER SON		lying couse last.	(c)			4 . 48. 6
BIVISION OF VITAL RECORDS, 201 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING". IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER A 25 SHOULD BE USED AS A BURIAL - RANNSI E DEPARTMENT OF HEALTH AND MENTAL HY OUR RICHARD ON OR REMO		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
A AS A RELIE	CERTIFICATION					
SIVISION OF VITAL RESIDENCE SHOULD RITING THE WORD "PER ROBD TO THE CHIEF MES A SHOULD BE USED A E DEPARTMENT OF HEAD OF PRIOR TO BURIAL.	13	198. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?
SE S	E					YES XX NO
OF WELL	7 8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR WAN MONTH DAY YEAR	214 HOW INJURY OCCURRED LENTER	NATURE OF INJURY IN ITEM 18 PART I OR PA	ART 2)
N SHOOTE	3	CONTRIBUTING CAUSE OF DI		driver of auto in	collision with	bus
/ISIG	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION		
DIVISION OF IS THIS CERTIFICATE TE, WRITING THE WEWARDED TO THE SPAGE 3 SHOULD E STATE DEPARTMEN 21204-PRIOR TO B.	3	WHILE AT WORK XX	road	Rt. 216 at Hall		CO Md
F-3882						
A A A A A A A A A A A A A A A A A A A	1		of the remains described obove, held an	Autopsy XX, Inspection	Inquiry L. and in my of	pinion
WE WITH	1	death resulted from: Natura	Couses Accident XX, (Suice		etermined monner,	
A SECTION		ACTUAL DO 111	de for all	TITLE (SPECIFY)	DATE	7 24 05
A HARA		SIGNATURE	XX JUNIZIVIIV	M _{M.D.} Assistant ME	DICAL EXAMINER SIGNE	7-24-85
WO S P P P P P P P P P P P P P P P P P P		EXAMINER'S NAME Donn	is F. Smyth, M.D.	111 Denn	St., Balto., Md	a. 21201
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	1	(TYPE OR PRINT)		TODKESS		. CTCOT
202249	23a.B	URIAL, CREMATION, REMOVAL 23		NETERY OR CREMATORY 23d. L	OGATION YORTOWN / COU	INTY STAYDA
07/84 BP		BURIAL I	-27.85 GRANDY.	IEW CEM.	JOHNSTOWN CAN	MBRIA M.
25M DHMH - 17	24. F	UNERAL DIRECTOR	1 ADDRESS . BOX 7	368 25a. DATE REC'D. E	Y REGISTRAR 25b. REGISTRAR'S S	26.)
(VR A15 ME (5))	5	ACK FULTERAL	Home Ellicott Cit	2 MD 210431016	5 1985 11 warms	wien-Handage

1 '	- STATE REGISTRAR		OLI ARTI		EALTH AND MENTAL HYG ICATE OF DEATH	0 2	20	9 9 5
1. DE		IS1	MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
	OR PRINT)	lie R	ith	Bliss		July 8.	1985	4:10 F
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70 B	IRTHPLACE ISTATE OR FOREIG			R				ATH
		U.S.	Α.			Howard (County	M
		11. NAME OF	HOSPITAL, NURSIN	IG HOME C		120 USUAL OCCUPATI	ION 12b	KIND OF BUSINESS OF
		6144	Gatsby Gr	reen		Housewife	9 OF WORKING LIFE)	wn Home
130	STATE 13b	COUNTY	113c CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 61 Lui Gatsh	oy Green	21045
14 F.	ATHER'S NAME	MIDDLE	TAST					LAST
	Charles	R.	-	7	Nellie		Da	vis
			166 SOCIAL SECU	IRITY NO	17. INFORMANT	ADDRE	ESS	and the second
	NO		577-62-0	721	Katharine B.	Wassmann -	- Same as	Sec. 13
	18 CAUSE OF DEATH E	nter only one couse p	er line for a , ib', on	d (c		Service I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		DUE TO,	OR AS A CONSEQUE	ENCE OF				0
10	couse oi, stoting	the DUE TO	OR AS A CONSEQUE	ENCE OF				
	underlying couse lo	(c)						
Z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS (CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	idition given in	PART Iro
ATE	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED
F						YES TO NOT		CAUSES OF DEATH?
HE HE					21c HOW INJURY OCCUR			
		OF DEATH			Set The			
Dig.	21d INJURY OCCURRED	21e PLACI	OF INJURY	200	211 LOCATION			
×	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	WN COU	INTY STATE
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100	saw the abceased of	Treas July	9 19	60.0	nd that in (my) (pur) opinion (death occurred on the d	ote and hour and f	rom the couses stated
100	778. SIGDINFURE	did Not) view the bod	y diter death	0,	DEGREE		1 22	c. DATE SIGNED
	11/11/1	1111	ain		ATTENDING			7-9-85
+	TH PHYSICIAN'S NAME	TYPE OR PRINT)	dyn		220 ADDRESS	DIRECTOR PHYSIC	IAN [/ / 03
	Charles and the control of the contr	rles E. T	aylor		2 Knoll Horac	Down Cula	unles mi	21045
100				LAME OF C		23d LOCATION	7	
23a	BURIAL, CREMATION, REM	OVAL 236. DATE	230	NAME OF C	EMETERY OR CREMATORY	Z36. LOCATION		CTATE
	Crometion	July	1085 W	eturi	w Cremetory	Catonsy	ille Balt	o. MD. STATE
24 E	Crometion	July Seell C. W	9, 1985 Weitzke Fun	estvie eral	ew Crematory Homes P.A 750 DATE	Catonsy	25 KREGISTE ARS	MD. STATE
	3 SE F 70 B C G G G G G G G G G G G G G G G G G G	TYPE OR PRINT) 3 SEX Female 70 BIRTHPLACE STATE OR FOREIGN COUNTRY) Georgia 10 CITY OR TOWN OF DEATH Columbia USUAL RESIDENCE (IF NURSING PI 130 STATE IS NAME FIRST Maryland 14 FATHER'S NAME FIRST Charles 160 WAS DECEASED EVER IN UNITY OF COUNTRY OF CONTRIBUTION COUSE IS TO IMMA Conditions, if ony, who gove rise to immedicuse is storing underlying couse is to immedicuse in the couse of storing underlying couse is to immedicuse of storing underlying couse is to immediate the storing underlying couse i	ITYPE OR PRINT) Nellie Record A RACE Female No BIRTHPLACE STATE OR FOREIGN COUNTRY) Georgia 10 CITY OR TOWN OF DEATH COlumbia USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 130 STATE 131 COUNTY Maryland 14 FATHER'S NAME FIRST Charles Record Re	Nellie Ruth 3 SEX Female 70 BIRTHPLACE STATE OR FOREIGN COUNTRY) Georgia 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY, GWE STREET Columbia USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE BEFORE 130 STATE 130 COUNTY Maryland Howard Columbia 14 FATHER'S NAME FIRST Charles R. Normand 16 (IY YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IND 18 CAUSE OF DEATH Enter only one couse per line (STO). (Ib). ON PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) Conditions, if only, which gove rise to immediate couse oly stoting the underlying couse lost VOI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO: 190 DATE OF OPERATION 190 CONDITION FOR WHICH IF ETHER NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO: 180 DATE OF OPERATION 190 CONDITION FOR WHICH 191 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO: 191 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO: 191 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO: 192 DATE OF OPERATION 193 CONTRIBUTING OR CONTRIBUTING TO: 194 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO: 195 CONTRIBUTING OR CAUSE OF DEATH 195 DATE OF OPERATION 195 CONTRIBUTING OR CONTRIBUTING TO: 196 CONTRIBUTING OR CAUSE OF DEATH 197 DATE OF OPERATION 198 CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, INDURY)	Nellie Ruth Bliss 3 SEX	Nellie Ruth Bliss	Nellie Ruth Bliss July 8, 3 SEX 4 RACE STATE OF FOREIGN White STATE OF FOREIGN TO BIRTHPLACE STATE OR FOREIGN GOVERNOON TO COUNTRY? GEOTGIA TO CITYON OF DEATH TO COUNTRY? GOURD AND TO THER INSTITUTION OF WHAT COUNTRY? TO COUNTRY TO COU	Nellie Ruth Bliss July 8, 1985 3 SEX 1 RACE S DATE OF BIRTH MOVEMBER 1, 1901 83 785. White November 1, 1901 785. Whi

STATE OF MARYLA ID

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re. Charles D. Tarlor

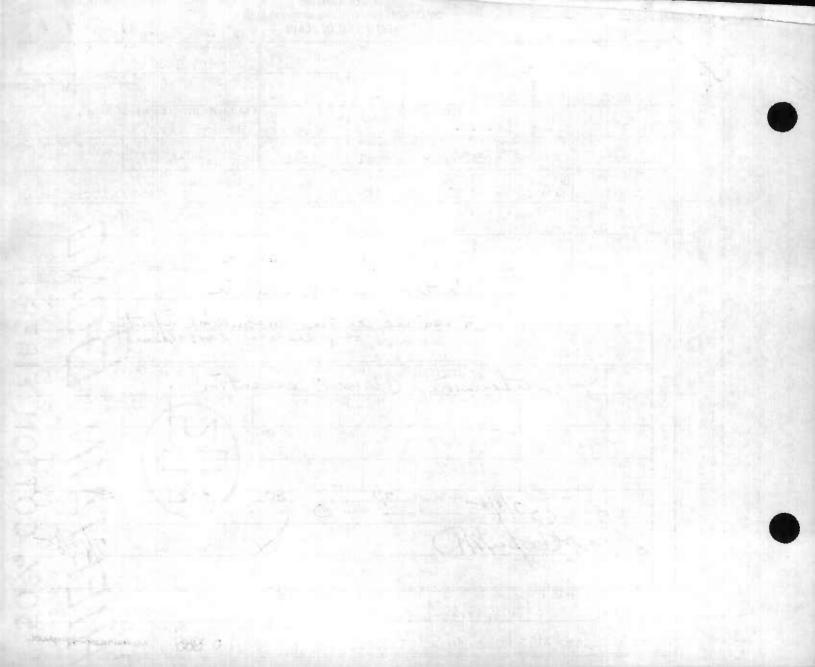
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Jord H. e. medell S. diste function of the States of the

STA	ATE	OF	MA	RYI	LAND

PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. NO.	2	0	- Pro	9	
Brackfill	20. DATE	OF DEATH MO	95	OAY 3	YEAR 5	26 Hg	L

					E OF MARYLAND			
199112	1-	FOR STATE			EALTH AND MENTAL HYG	IENE CONTRACTOR	20	2 9 6
Service Annual Control	1 050		BRACKBILL	CERTIF	AST	20. DATE OF DEATH),	
GI V		CEASED NAME FIRST PART OR PRINTS		Brack	11,2	7/3	85	185 26 HOUS
1 8 b	3. SEX	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNUER 24 HRS
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deot	lo Ci	Pennsylvania	11. NAME OF HOSPITAL,	WIDOWE		12g USUAL OCCUPATIO		ND OF BUSINESS OR
s offer the lifed with	C	olumbia	Howard Count	VF STREET ANDRESS	al Hospital	(TYPE OF WORK FOR MOST OF Asst. Spor	WORKING LIFE) INDUS	Baltimore
hour hour	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. CQU		CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	12-CIRFFT ADDRESS 7		
0 24			mus Co	tumbic	YES " NO	9521 Pepp	le Drive	21045
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on ond Page			VE WAR OR DATES)	03-2543	Barbara Mar	ecki 305 Cato	Beaumont nsville,	
hysicic popers oval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS			A		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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and bared buriol	3	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	RT Ito
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low is be price on son)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED USES OF DEATH?
The ret house show	ERTIF	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗌
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HYSIC Iding Ment Ment or Iter	MEDICAL	CIFETHER POLIFY MOICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
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S Adi		220.1 certify that (I) (this hasp	ital) attended the deceased	from	10 19 84		19	5, that (I) (we) last
Spital Spital CTOF of H of H	57	sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body ofter death	h	nd that in (my) (our) apinion o	death occurred on the do	te and hour and from	n the couses stated
the horizon the horizon to Direct the Depth is If them	3.	226. SIGNATURE	1 How Ex	no	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F -	3 35
HOSPITAL Oined by th FUNERAL ould be dete th the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Columbia	o Md.	1
O HOSE etoined TO FUN should b with the		WMF	lowers	MD.	1000214	ctury	hiday x	a
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
BP	_	Cremation JNERAL DIRECTOR	7/5/85	Westvie	ew Crematory	Catonsvi E REC'D. BY REGISTRAR		Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	L	Twin Knolls	11 C, Witzke	Funeral H	19mes P.A.	L 0 8 1985		n-yandale

Street 1.6. 1.2.6.5. J. TEST PALLS, D.



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	in. Poge 4 may be	menul director. page 3	
	after death. Pog	fureral dire	
10717	n 24 hours offer	lifed in by the sould be filled at	1

1 - FOR DEPARTMENT OF HEAL'
REGISTRAR CERTIFICA

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.	2	0	2	9	1
				-	-

-		EASED NAME	FIRST		AIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	[TYPE	OR PRINT)	arles	6		Car	rter	0.03/5		7/0	125	+500	M
	3. SEX	(4 RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST OF	THDAY)	IF UNDER I YE		HRS
	2	Male		White	4	Apri	1	1.900	85	YRS	MONTHS DA	YS HOURS	MIN.
78		RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DEATH		
9		arvland		U.S.A.		WIDOWE	D XXNEVER /	VORCED	Howard Co	unty			MD.
91		TY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSI		R OTHER INST	ITUTION	120 USUAL OCCUPAT			OF BUSINESS	
/	Co	olumbia		Howard	County C	Senera	l Hospi	tal	Manager - O			ners	
72		AL RESIDENCE IN NURSI	ING HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS				
5	Ma	arvland	How	-	Ellicct			NO TY	3302 Green			21043	
2		THER'S NAME		MIDDLE	LAST			MAIDEN NAM	NE .	Y Y			
20	1	UNKNOWN)		WIDDLE	Carter		Mol	lie	WIDDLE		(LINIKN	IOWN)	
1	160 W	AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMA		ADDR	SS	1 CHAIN	NATA 1	
E	YE	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-05-8	359	Lillia	n Carte	er 3302 Gre	001.701	Drive	21042	
		18 CAUSE OF DEATH		v one cause per			111111111111111111111111111111111111111	шханс	J JJ02 (1) E	симау	APP	OXIMATE INTERVA	NI ATH
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		CALL CO.	IMMEDIA							- 14.0			
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		gave rise to imm	nediate) Ib)	Inpun								
		underlying cause		DUE TO, OF	RAS A CONSEQU	ENCE OF	10						
	36	PART 2 OTHER SIGN	LIEIC ANIT ((c)		DEATH BUT	NOT PELATED	TO THE TERM	NAL DISEASE OR CON	DITIONICI	VENT INTO A D	l	=
	Z O	1./	2. 1	G C	I	DEATH BOT	NOT KELATED	TO THE TERMI	INAL DISEASE OR COIN	DITION	ACIA IIA FAK	110	
1	ATE	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS			DINGS USED	_	
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91	-	OR CONTRIBUTING C											
	MEDICAL	(IF EITHER, NOTIFY MEDIC		21e PLACE (19	211. LOCATIO	N					
	×	WHILE NOT WH		(AT HOME STR	EET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STAT	16
		22a certify that (I)		tal) attended the	deceased from		110	TO 01		113	10 11"	that (I) (we) l=-4
		saw the decease above, (1) (we) (d			/ -	ST, or	nd that in (my)	(our) opinion d	eath occurred on the d	ate and ha			,
		above, (I) (we) (d 27b. SIGNATURE	lid) (did po	Tview the body	atter death.		DEGREE					TE SIGNED	
	6		. 14	0/			4	TTENDING	MEDICAL STA		-	/1./	
11		22d. PHYSICIAN'S NA	AME JIYPE O	RPRINT)	A Klimp		22e ADDRES		DIRECTOR PHYSIC	IAN	//	11111	
			6	any f	6 aule			107 %	Hickory	Seine	1. 1	1	
		URIAL, CREMATION,	REMOVAL	236. DATE	236	NAME OF C	EMETERY OR	REMATORY	23d LOCATION	-	COUNTY	STAT	16
	-	Burial		July 2	0,1985 T	oudon	Park C	emeterv	Baltimore			rvland	
		INERAL DIRECTOR					2122	9 250 DATE	REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGN		
	H	ubbard Fu	nera	al Home	e,Inc.	4107	Wilker	ns vo	L 1 9 1985	1 4.121	vavidson	-Randale	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT II

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		REGISTRAR		CER	TIFICATE OF DEATH	U	EG. NO.	4 0 4	
o wŧ		OR PRINT) GERTRUD	E ELIZA	מחים	COVEY	2a. DATE	OF DEATH MONTH	DAY YEAR	2b. HOUR
page 3	3 SE2		4 RACE		TE OF BIRTH	6 AGE (IN YEARS (AST BIRTHDAY)	4 1985	8:25 A.M.
ge 4 m rs after		Female	White			20	65 _{YF}	MONTHS DAYS	HOURS MIN.
neral dir		RTHPLACE (STATE OR FOREIGN OUNTRY) Pennsylvania	7b. CITIZEN OF WHAT CO	MA	RRIED NEVER MARRIE	D	wore city <u>or</u> cou ward Count		MD.
s after d by the fu iled with		TY OR TOWN OF DEATH	6118 Corrington	Rd Colum	obio Md 210%	TYPE OF W	AL OCCUPATION VORK FOR MOST OF WORKING REPORT	NG LIFE) INDUSTRY	ce Co.
filled in auld be f	13a. S P	AL RESIDENCE (IF NURSING HOME OR TATE 13h COUN ennsylvania Po	OTHER INSTITUTION, GIVE RESIDE	nce before admiss OR TOWN derspor	ION)		T ADDRESS / ZIP C	Couder	16915 sport, Pa.
mpletely and sh	14. FA	THER'S NAME Bert	MIDDLE	LAST aw	15. MOTHER'S MAID Gertr		WIDDLE	Rush	.ST
on and ca		VAS DECEASED EVER IN U.S. AR (ES NO PUNKNOWN) (IF YES, GIV	E WAR OR DATES	IAL SECURITY N		ebecker	ADDRESS 6118 Covin	ngton Rd.	21045 Columbia,
ow requires that the death certi- been signed by the attending F mit. Then please remove carbon priar to burial, cremation, ar rem mit injury, ar ather traumatic ev	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last: PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO TH	TE TERMINAL DISE	UTOPSY? 206. IF	I GIVEN IN PART 1 F YES, WERE FINDI FRIFFING CAUSE:	INGS USED
N: The la ysicion. cate has ansit per Hygiene	ERTIFI	2]a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21r HOW IN HIPY O	YES [7 (78)	YES	NO 🗌
CIANS p Phys erufica al-tra ntal Hy		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON		AR 19	SCCORRED (ENTER	NATURE OF INJURY IN HEM	A IB PART (OR PART 2)	
G physical partending rer this ce s the buring a cond Meriked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AS WORK	21e PLACE OF INJURY	Y	211 LOCATION		CITY OR TOWN	COUNTY	STATE
IL OK ATTENDIN the hospital ar IL DIRECTOR: Af etached for use a re Dept. of Health it frem 21 is ma		22a.1 certify that (I) this haspi tow the decreased dive on above. (I) and the first and 27b. SIGNA JRA		19 85	, 19_ , and that in (my) (aur) a DEGREE ATTEND PHYSIC	DING MEDICA		have and from the	that (I) we last causes stated
TO HOSPITAL or retained by the TO FUNERAL is should be detained with the Store IMPORTANT: If		22d. PHYSICIA PAME ITYPE OF	har mi	D	22e. ADDRESS 108 02	2 Arch	iony Ri	age	Roord
	23a B	URIAL, CREMATION, REMOVAL			OF CEMETERY OR CREMA		CATION	COUNTY	STATE
BP		Burial	7/10/85		ia Cemetery		udersport		Pa.
DHMH - 16 80M 7/84		oy M. & Russell C.	dmondson Ave. C Witzke Funeral	Home	e, Md. 21228	JUL 08	1985	CIGHTAN SIGNA	Jackson

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				STATE OF MARYLAND		
203472	1	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE	A B
0003.72		STATE REGISTRAR		CERTIFICATE OF DEATH	8 5 REG. NO. 2	3 3 0 0
The state of the s		CEASED NAME FIRST	ETHEL	DAVIS		DAY YEAR Zh. HOUR
1 75	(TYPE	ORPRINT) = 1/4/1/	/ [] []	Klavil	JULY 11, 1985	9 A.
1 24	3. SE	1-7/	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4 of		EMALE	HITE	MONTH DAY YEAR	00	MONTHS DAYS HOURS MIN.
ogo dire	To BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	NOV. 7, 1904	9. BALTIMORE CITY OR COUNTY	OFDEATH
deoth. Poguneral directions of and a contractions of a contractions of a contraction of a c		COUNTRY	/	MARRIED NEVER MARRIED	1	
de de	10.6	MASS.	USA J	WIDOWED XX DIVORCED	HOWARD COUNT	
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
the thing of		COLUMBIA	6336 CEDAR LA		HOUSEWIFE	AT HOME
Je is be		AL RESIDENCE (IF NURSING HOME OF	NTY 130. CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	
Page 124	1	MARYLAND HOW			6336 CEDAR LA.,	APT. 325 #2104
1 22 1/4	TA FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
1 11/11/	1	EDWARD	KAUFMA		MIDDLE	UNKNOWN
1 37		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		LPH DAVISODRESS	
E 12 12/	(res, no or unknown) (IF YES, GIV	VE WAR OR DATES) 041-28-		I DR. SAN JOSE,	CA 95123
1111	-		nly one cause per line for (a), (b), and		I DR. OLL COOL,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 689 1		PART I. DEATH WAS CAUSE	D BY	dist Jotortion		BETWEEN ONSET AND DEATH
B 22 4		IMMEDIA	TE CAUSE (o)	10101 410101114		
a con			DUE TO, OR AS A CONSEQUE	/		
e deot nave notion, traum	- 4	Conditions, if any, which gove rise to immediate	(b) (Cn) (ration tollur		
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	. / .		
tho			107	16 GE +01		1
requires that the en signed by the . Then please remor to burial, crema rinjury, ar other t	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
requestry y inju	CERTIFICATION					
nos bermine primas on	2	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
E 0 E = 0	E					NO []
hysici transi Hygiri Hygiri Hygiri 18 sh	ü	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
SICIA ng ph certifi certifi mial-tr	S	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
PHYS this of the bund of Monday	MEDICAL	21d INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	211. LOCATION	CITY OR TOWN	COUNTY STATE
offer the territory of the control o	2	AT WORK AT WORK	TALLONG, STREET, FACTORI, OFFICE FA	and the first th	,	
A A A A A A A A A A A A A A A A A A A		22a I certify that (I) (this hosp	ital) attended the deceased from_	11 19 51		19_ 87- , that (1) (we) last
TTEN Portol for u		saw the deceased alive an	19 4 of) yiew the body after death.	, and that in (my) (our) apinion	death accurred on the date and hour	and from the causes stated
R A hos		22b. SIGNATURE	The body direct deom.	DEGREE		22c DATE SIGNED
Y the y the RAL DI detocl fore Dore Dut. H I		Ma	Of reell "	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	15/11/14
PIT P		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	7 22e. ADDRESS	DIRECTOR FITTSICIAN	1 /11/10/
TO HOSPI	1.6		cal Charle	10780 H	ickness Aila 11	66. M.
TO HOSPITAL retoined by the TO FUNERAL should be detinished to with the Store IMPORTANT:	72- 5	URIAL, CREMATION, REMOVAL	123b DATE 123c N	IAME OF CEMETERY OR CREMATORY	123d LOCATION	201. 840
0.0	R	EMOVAL/BURIAL			CITY OR TOWN	CONNECTICUT
BP			JULY 1 1985 H EVINSON & BROS.	EBREW BENEVOLENT	E PECID BY DECISTRADISC DECISTS	AP'S SICALATION A
OHMH - 16 50M 4/83	17. (1	NAME SUL I	EVINSUN & DRUS.,			Dendoon-Nonser
(VRA 15, 4)		6010 DEISTEDSTO	WN DD RAITO	MD 21215 J	UL 1 6 1985	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 221024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (20. DATE 7h HOUR TTYPE OR PRINTS ESTI-MICHAEL OF 2. AND 3 TO THE FUNERAL DIRECTOR.
2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
3. SHOULD BE FILED, WITHIN 72 HOURS.
AL RECORDS, 201 W. PRESTON STREET, DEATH MATED 3 SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED Male White March 14, 1913 72 you 108 DEAD 7h. CITIZEN OF WHAT COUNTRY In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED West Virginia USA DIVORCED WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS Laurel SUCH FACILITY, GIVE STREET ADDRESS) Midway Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Md STATE Howard Laurel Laurel 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 84 Midway Avenue 20707 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE LAST LAST Suzan 17. INFORMANT Sovonick Michael 160. WAS DECEA IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Helen Elitchko same as bove CAUSE OF DEATH (Enter only one cause per line for (a) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last CATE, WRITING THE WORD "PENDING THE FORWARDS TO THE CHIEF MEDICAL EXPORTS THE CHIEF MEDICAL EXPORTS THE STATE DEPARTMENT OF HEALTH AND NO. 21201 PRIOR TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714. INJURY OCCURRED THE PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Undetermined manner Natural causes Homicide EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL Aug. 1.1985 Arlington Natl Cemetery Arlington, Virginia Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Donaldson Funeral Home, Laurel, Maryland 20M 4/82

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	PEG NO	-

20302

	REGISTRAR		CERTI	FICATE OF DEATH	S SREG. NO.	2000
	CEASED NAME FIRST	ra	En	glish	20 DATE OF DEATH MO July	y 29,1985 11:20PM
3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
F	'emale	White	e Apri	1 8,1918	67	YRS DAYS HOURS MIN.
7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.		9 BALTIMORE CITY OR	
	COUNTRY	USA	MARRIE	ED NEVER MARRIED	Howard	d County MD.
10 C	olumbia	11. NAME OF I	HOSPITAL, NURSING HOME (HEACILITY, GIVE STREET ADDRESS) Bellview Dr:	OR OTHER INSTITUTION	Researchion Linguist	N 12McCPawiness OR INDUSTRY Hill
130. S			GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Columbia	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 6506 Be11	Iview Drive
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME	IAST .
	Leonid	A	glizzky	Valentina		Spakovski
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
	None		030 30 1068	Michael P.	Sanin (Sor	n) Same as 13E
	Canditions, if any, which gave rise to immediate cause in stating the underlying cause last	DUE TO, OI	RAS A CONSEQUENCE OF CONTRACTOR	Lelectrick Somial cur	eto inba	sis I'by.
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART IIa
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	MIN	M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	22a. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	7/29	1985	nd that in (my) (aur) apinian (death accurred at the date	, 19 , that (h (we) last e and hour and Iram the causes stated
(22b. SIGNATURE	Pelen	mul mul		MEDICAL STAFF DIRECTOR PHYSICIA	NO 7/30 FS
	Dr. Rich	nard De	laney	4323 Hava	ard St.Silv	ver Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

236 DATE

231 NAME OF CEMETERY OR CREMATORY

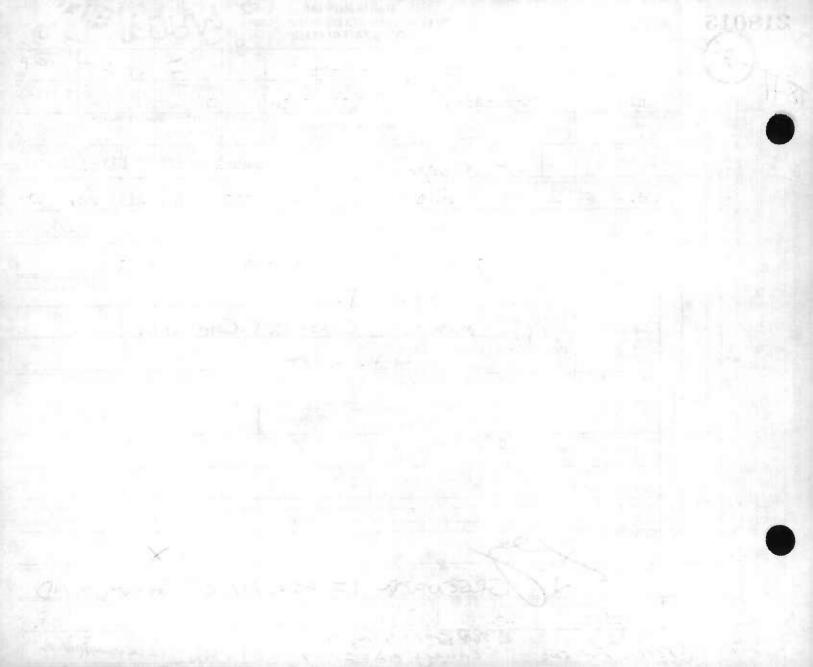
Rock Creek Cemetery Washington, D.C.

STATE

Burial CREMATION, REMOVAL Burial 7/31/85 24 FUNERAL DIRECTOR UNERAL DIRECTOR
Himes/Rinaldi 11800 New RES Hamp. Ave. S.S. MdAUG 1



8015	1-	FOR STATE		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HY	GIENE	P. 1		13 -3
1	-	REGISTRAR				ATE OF DEATH	REG. NO	o. 4 V	O.	0 0
(8)		CEASED NAME FIRS		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
		Eugen		ustin		rhart	-	+ 31	83	// "
1 /2	3 SEX		4 RACE	a venture	S. DATE OF B		& AGE JIN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
a training		Male	Cauca		MONTH 9	17 1916	67	YRS.		
death. Inneral di	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) a •	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	Howar Howar	_	FDEATH	ΜC
by the fued within	10 CI	TY OR TOWN OF DEATH Fulton		HOSPITAL, NURSIN ICHFACILITY, GIVE STREET RESIDE	ADDRESS)	OTHER INSTITUTION	Metal Smi		Naval	of Business or Ord.
filled in uld be fill	USUA 13e S	IL RESIDENCE (# NURSING HO TATE 13b (ME OR OTHER INSTITUTION OF THE PROPERTY OF THE	136 CITY OR TOW Fult	E ADMISSION)	I INSIDE CITY LIMITS?	13. STREET ADDRESS 12259 Li	me Ki	ln Ro	2075
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d col	láa V	AS DECEASED EVER IN U	S. ARMED FORCES?	100		INFORMANT	ADDRE	SS		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 219108 . DECEASED NAME DATE KNOWN Th HOUR TYPE OR PRINTS OF ESTI-S FOR YOUR FILES.
WITHIN 72 HOURS.
PRESTON STREET, DEATH MATED X 1985 Darrin Greene 3 SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 8:50A PRONOUNCED DEAD Male Black Sept. 5, 1966 185 18 YRS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD WIDOWED DIVORCED Howard County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS Brick Mason Guilford 9933 Guilford Rd yard) 13a STATE 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Howard Jessup 9535 Mission Rd/ 20794 NO [] 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Walter L. Green Helen Beck 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO No Walter L. Green (Father) same as #13 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [DEPARTMENT 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot 29 19 85 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN park Guilford Rd Howard MD Guilford JNERAL DIRECTOR: P R DEATH, WITH THE ST MORE, MARYLAND, S Autopsy X 22a. I certify that I took charge of the remains desertibed above, held an Inquiry and in my apinion Homicide X Suicide Undetermined manner TITLE (SPECIFY) 7/30/85 Assistant PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Columbia, Howard, Md Guilford Memorial Pk. 8-2-85 Burial 07/B4 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 246 N. Washington St. DHMH - 17 (VR A15 ME (5)) George R. Snowden Rockville, MD 20850

STATE OF MARYLAND

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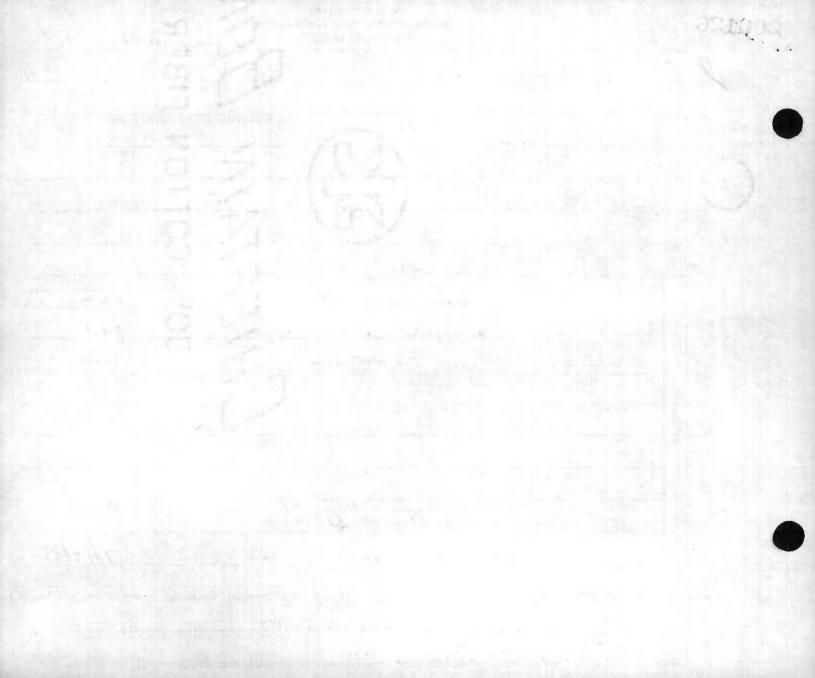
STATE OF MARYLAND

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11/1/20	1	John Leister					Virginia R		200	LAS	
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DHMH - 16 60M 7/B4	24 FI	UNERAL DIRECTOR	Loring	Byers	Funeral D			TE REC'D. BY REGISTR	AR 25h #EG/ISTR	SIGNAT	
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

				REG. NO. Kim	0		
1. DECEASED NAME FIRST (TYPE OR PRINT) Ralph	MIDDLE	Hovey		July 16, 1985	DAY YEAR	26 HOUR	? A
3. SEX Male	White	5. DATE OF BIRTH	1903	6. AGE (IN YEARS LAST BIRTHDAY) 81	MONTHS DAYS	HOURS	A HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED L NEVER	MARRIED	9. BALTIMORE CITY OR COUNT Howard	Y OF DEATH		WD
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	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW		ITY LIMITS?	6280 TADDRESS	Cafth	Colum	100

				YES NO		. Can only Conductor
	Hubert Hubert	WOOLE	Hovey	15 MOTHER'S MAIDEN NAME Martha	WIDE	LAST
		(IF YES, GIVE WAR OR DATES)		Russell Hovey	7069 Mink Ho	20777 llow Rd Highland
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PART I. DEATH WAS CAUSED	y one couse per line or (g), (b), and (c) 1 BY CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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				YES 🗌	NO	YES [] NO	
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11d. INJURY OCCURRED	21e PLACE OF INJURY	576 1	PIL LOCATION		CITY OF TON	/N	COUNTY	STATE

NOT WHILE 270.1 certify that (1) (this haspital) attended the deceased from.

obove. (I) (we (did) (did not) view the body ofter dec	oth.	urred on the date and hour and from the causes state
226. SIGNATURE	, (DEGREE	22c. DATE SIGNED

ZZU. STOPPATORE		DEGREE	TIL. DATE SIGNED
Mull	auch my	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7-16-85
THE PROPERTY OF A PARTY OF THE		22- ADDDESS	

Burial July 17,1985 Crestlawn

CITY OR TOWN

Howard Maryland

STATE

CERTIFICATION

MEDICAL

Harry"H Witzke 4112 Columbia Rd, Ellicott City

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYE

Then pleas ene prior taburial,

After this certificate has been

or Item 18

IMPORTANT: If Item 21 is hould be detached

BP.

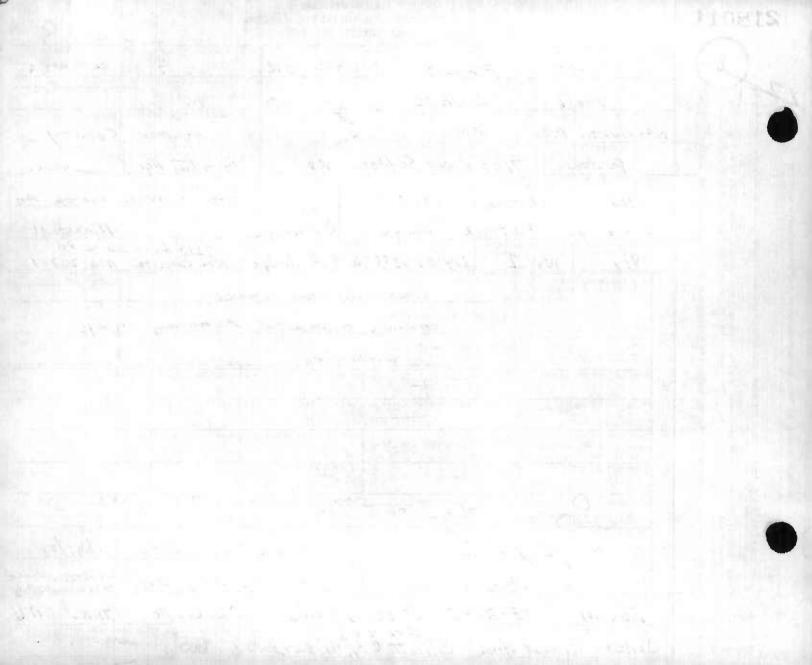
TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

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		1 1903	Sopt				
	beason		2	USA		Kanane	
	reilin		. 1131)	Control		Relumbia .	
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		200	VDV	mil.		dyneul	
				310		old	
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S. Art Service		1 /3° 3	MA, Ellicot	ridento)	Re 4112	dil D vara	1

044				STATE OF MARYLAND		
011	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	SIENE	0.0
_		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	20309
0)	J.DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 25 HOUR
1	TITPE	LEO	FRANCIS	JUDGE SR	CA CHARLES	7 31 85 NGAM
50	3. SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHD	AY) IF UNDER TYEAR IF UNDER 24 HRS
9 9	1	male	Callete.	MONTH DAY YEAR	85	MONTHS DAYS HOURS MIN.
10 4/	7a. B	R1HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR	YRS. COUNTY OF DEATH
12 4		ASHINGTON D.C.	USA	MARRIED NEVER MARRIED	1,	and the second second
t p				WIDOWED DIVORCED DIVORCED	12a USUAL OCCUPATION	N 126 KIND OF BUSINESS OR
filed with		,	(IF NOT IN SUCH FAGILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF	ORKING LIFE) INDUSTRY
	TIST	AL DESIDENCE OF NUMBERS HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	STTOOL RP	175515 JUNI	Mar. Insuc.
must be	13a	STATE 136. COUN	ITY 13c. CITY OR TOW		13. STREET ADDRESS / Z	IP CODE 20157
5		mp. Ha	orang fire	YES NO		which sutton an
exomine	14. E/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST ,
exo/		Cornelius i	Patrick Ju	dge Catherin		Maxstedt
medical		WAS DECEASED EVER IN U.S. ARAYES, NOORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	7213 G	roos Luck Rd
ae /		Yes WV	VI 214-05.	0283 W. P. Juda	re New Carr	
ent, the			ly one couse per line for (o), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
movof.		PART I. DEATH WAS CAUSED	E CAUSE (o)	200 Punjarassa	maker	
corbo corbo or re		IMMEDIA	DUE TO, OR AS A CONSEQUE	THE OF		
0 0 0	100	Conditions, if any, which		LANIC OBSTRUCTION	¿ primora	n narr
er tro		gove rise to immediate couse (a), stating the				1 1/2
oth o		underlying couse lost.	DUE TO, OR AS A CONSEQUE	S-MASEMA		
0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OF CONDIT	ION GIVEN IN PART 1:0
njury	Z	ART 2. OTTER STOTAL CAPAT C	CONTROL CONTROL TO	SEATO BOTTO RELATED TO THE TERM	MINAL DISEASE ON COMPIL	TOTO GIVEN IN TAKE THE
ouy it	ATK	19a DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED
shows	FIC				YES IN NOT	N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
6	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	
6		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	(Elater invious or hator)	A CONTRACTOR OF THE CONTRACTOR
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION		
	MEL	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				200
		220.1 certify that (1) (this hospit	rol) attended the deceased from_		52 to 7/3/	19 85, that (I) we) lost
			ti view the body after death.	, one mer my corr op men	death accurred on the date	and hour and from the causes stated
# her	100	17h SIGNATURE	7//	DEGREE	MEDICAL CTAFF	22c. DATE SIGNED
	100	Earth	H		MEDICAL STAFF DIRECTOR PHYSICIA	NO 7/31/28
TAL		224 PHYSICIAN'S NAME HITE	Tunet)	22e ADDRESS		
IMPORTANT:		Every	Mexica, my	5540 7	EN OBY	an harry vill
IMPORT.		BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
777		BUR A	8-3-85 5	LOUIS Cem.	Clarks v. 1	le Hound Wh
4/93	24. F	UNERAL DIRECTOR	6		TE REC'D. BY REGISTRAR 250	REGISTRAR'S SIGNATURE
A 4/83		SLACK Finen	1 Home 51997855	# Cik Many A	UG 2 1985 4	una wardoon Manual
			1 11011	THE TY, THE WIND LAND	()	

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British Harry Burn British	A COURSE OF THE STATE OF	

STATE OF MARYLAND DEDARTMENT OF BEALTH AND MENTAL BYCIENE

1	- STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG.	No.2 0	3 1	
	PECEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
	CLAIRE	н.	LEFT	RIDGE			7 1	0 85	11:20
3. S		4. RACE		OF BIRTH		6 AGE (IN YEARS LAST E		IF UNDER YEAR	IF UNDER 24 HE
1	Female	White	MONT 5	TH DAY 28	YEAR 34	51	YRS.	NONTHS DAYS	HOURS MI
7a. l	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8			9 BALTIMORE CITY		OF DEATH	
	Marvland	U.S.	WIDOW	ED NEVER	NORCED T	Horney	d Cour	1	
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME			120 USUAL OCCUPA		12b. KIND O	F BUSINESS (
1	al automit 11 a	(IF NOT IN SUCH FACILITY, O				(TYPE OF WORK FOR MOST			
Ust	Clarksville UAL RESIDENCE (IF NURSING HOME	5689 Chamb	NCE BEFORE ADMISSION)		Nurses A	id	Infir	mary
130	STATE 13b CO	UNTY 13c. CITY	ORTOWN	134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	5		
14.5	Md. HOV	vard Clar	cksvile	YES _	NO []	5689 Cha	mblis	Drive	21029
1.	FIRST	MIDDLE	LAST	IS MOTHER	'S MAIDEN NA	WIDDIE		LAS	T
	William		ilton		thleen			Gallagh	ner
16a	WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORM	ANT	ADD	RESS	THE STREET	
	No		5-32-4760	Ms.	Ruth Ar	n Leftrido	re - Sa	me as t	‡13
	18 CAUSE OF DEATH (Enter	only one cause per line for 10), (b . and (c)		^	0.0			MATE INTERVAL
	PART I. DEATH WAS CAU	SED BY META	+STATIC	CA	RE	KEAST		6	MUNT
	WWW.CO								
	Conditions, if any, which	DUE TO, OR AS A CO	INSEQUENCE OF						
1	gove rise to immediate	(b)							
	couse (a), toting the underlying couse lost.	DUE TO, OR AS A CO	INSEQUENCE OF						
	BARTA OTHER CICALISIS AND	(c)							
Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUT	ING TO DEATH BU	I NOT RELATED	D TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 110	,
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	DNI WAYAS DE DEC	DRAKED	20g AUTOPSY?	Tank IE VEC	, WERE FINDIN	100 11050
FIC	THE DATE OF GLERATION	178 CONDITION TO	WINCHOFERATIO	JIN WAS FERF	JKMEU	Zun AUTOPST	IN CERTIF	YING CAUSES	OF DEATH?
- =						YES NO	YES		NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART T OR PART 2)	
OA	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19						
MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACTOR	Y DEFICE BARM FIC I	21f. LOCATI	ON	CITY OR I	OWN	COUNTY	STATE
1	AT WORK NOT WHILE								
	220.1 certify that (I) (this has	spital) attended the decease	d from		. 19	, to		19	that (I) (we) le
	sow the deceased alive	on nat_view the body after dept	19, o	nd that in (my	(our) opinion	death occurred on the	date and hour	and from the	couses stated
	226 SIGNATURE	A.	n.	DEGREE				22c. DATE	SIGNED
1	1 //You	nell_	A	10	ATTENDING	MEDICAL ST	AFF	7-1	16-85
1	22d. PHYSICIAN'S NAME (14P	E OR PRINT)		22e ADDRES		DIRECTOR PHYS	CIAN	, ,	0 00
	N. ROSEN	BLUM		7600	OSLEI	R DRIVE	7	Towson	v 2120
230	BURIAL, CREMATION, REMOVA	AL 23b DATE	23¢ NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE
	Removal7	/11/85							2.0.0
24 F	FUNERAL DIRECTOR		ADDRESS		250 DATI	E REC'D, BY REGISTRA	R 25b. REGISTE	RAR'S SIGNATI	URE
1	Anatomy			to., Md	JUL	23 1985	1. To	widren R	ando 22
			202						

DHMH - 16 50M 1/B1 (VRA 15, 4)

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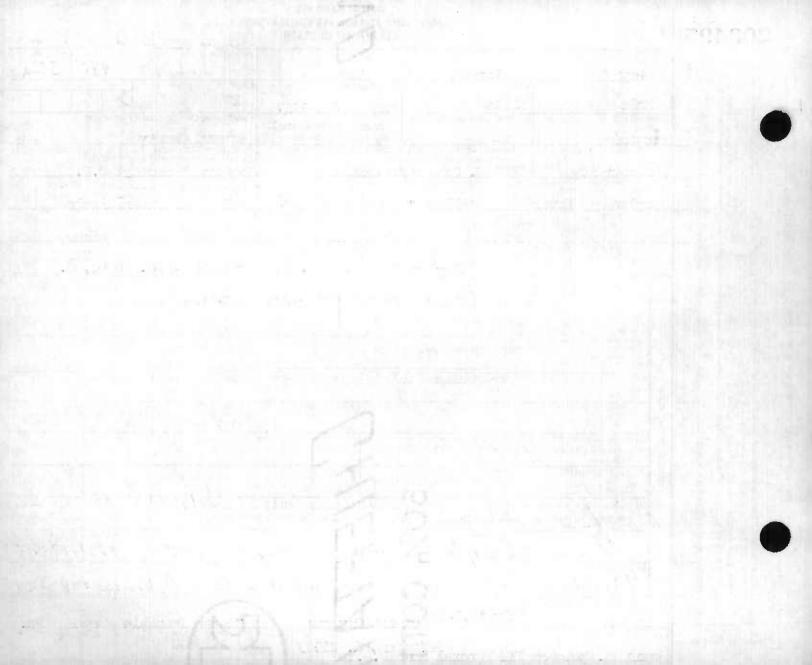




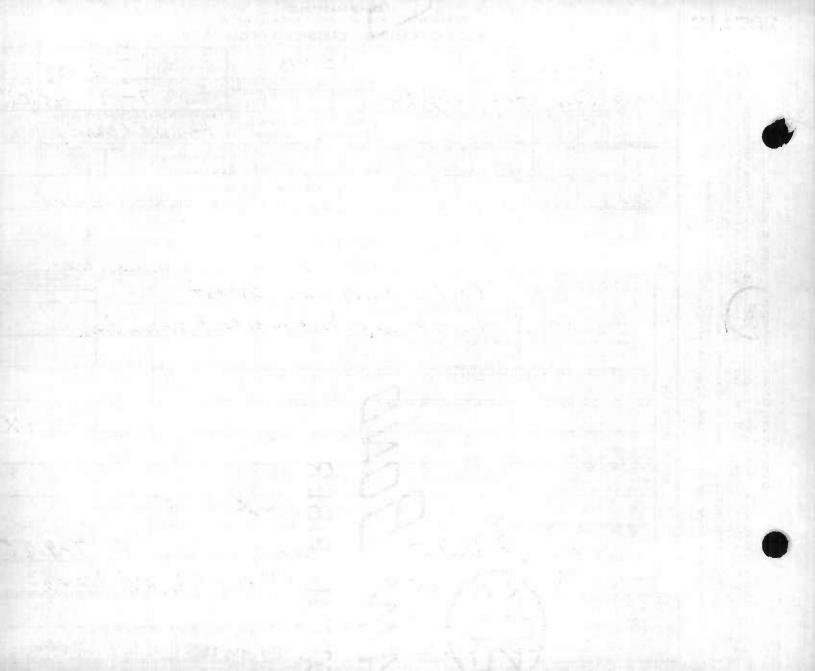


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203495	1.	STATE REGISTRAR			CERTIF	CATE OF DEATH	8 SREG. N	0. 2 0	3 1	2
). DE	CEASED NAME FIRST	7	MIDDLE	[3	ST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
1 the pe		enry	Arn	no1đ		Leu	July	117 1	985	300 AM
poge des	3. SE		4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR			F UNDER 24 HRS
e 4		Male	White	N 300	Mav	4 1957	28	YRS.	DAYS F	HOURS MIN.
Po din	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	0 04		9. BALTIMORE CITY O		EATH	
orth.		rginia	USA		WIDOWE	NEVER MARRIED X	Howard Co	110±37		MD
de la company		TY OR TOWN OF DEATH	11. NAME OF		G HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATI	ON 121	b. KIND OF E	BUSINESS OR
4 p (4)	127	14 00440444	3053 G	CH FACRITY, GIVE STREET A		anl a	(TYPE OF WORK FOR MOST C			
E 0 0	USU.	Licot-City AL RESIDENCE (# NURSING HO.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Program Di		T.V.	
33 75 1			YTANO	13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	21043		
	-	ryland How	ard	Ellicot	City	YES NO. MAIDEN N	13053 G Oak	Green C	ircle	
的人	10	FIRST	MIDDLE	LAST	-	FIRST	WIDDLE		LAST	
10/6/		nry	George	Ie		Iois	Rae	C	uinne	Y
Poor		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRI	.55	210	85
Ĕ	N	o No	ne	216-72-8	711	Lois R. Leu	408 Haslett	Rd. Jop	pa, Md	
avol.		18 CAUSE OF DEATH (Ent	er only one cause pe	er lipe far (a), (b), and	l(c).)	1 0			APPROXIMA BETWEEN ON	SET AND DEATH
o le		PART I. DEATH WAS CA		Acquired	Immy	ne deficiency	Syndrome			
D 0		IMME	DIATE CAUSE (0)	1000	1.11.11.	(100-1	7.10.00			
cor cor			DUE TO, C	DR AS A CONSEQUE	NCE OF					
ave a		Conditions, if any, which								
em em		gave rise to immediat cause (a), stating th		OR AS A CONSEQUE	NCE OF					
of the	15.5	underlying cause las	1.)	1102 01					
0.00		PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF CON	DITION GIVEN IN	J PART Lia	
ta b njury	Z					TO THE TEN	THE DIGETICE ON COLL	5111011 01121111	Tract tru	
Drior Ony	CERTIFICATION	19a DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEI	RE FINDING	S USED
ws o	E S							IN CERTIFYING	CAUSESO	F DEATH?
à à die	Ē		0 5 00 7005	OF BUILDY		Tal. How himsy occur	YES NO	YES [NO 🗌
ol Hygie		218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	LUCUID A	J.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUI	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
E T	N N	(IF EITHER NOTIFY MEDICAL EXA		P.M.	19					
d Am	MEDIC	214 INJURY OCCURRED		OF INJURY		211 LOCATION STREET	CITY OR TO	14/01	OUNTY	STATE
ked	2	WHILE NOT WHILE	(AT HOME, SI	TREET, FACTORY, OFFICE, FA	ARM, ETC I	ZIMECI	/ CHYOKIO	WN	.001417	SIMIE
nor			20 15 20 21 21 21	1. J. J.	-)/11	11/am 10 8T	14/4	17 :01	£	
F S		22s. I certify that (I) (this I saw the deceased aliv		16 19 8		1	, 10 0 0 1 7	19_5	, the	at (I) (we) last
of 01		obove, (1) (me) (did) (d		y ofter death.	, on	d that in (my) (our) opinior	death occurred on the di	ste and hour and	from the co	uses stated
Hen	1	226. SIGNATURE		7, 56		DEGREE		- 7	22c DATE SI	GNED
		Mu	Mas as	11h	n	ATTENDING PHYSICIAN .	MEDICAL STA	F	July	171985
Store	4	226 AHYSICIAN'S NAME I	TYPE OF PRINTS	7		220. ADDRESS	DIRECTOR LI PHISIC	IAN		1. 703
with the		1/1/	c - 1	- 4		5 1/ 11 11	. 0	2 1 1	ca i	3 1 1 1
MPORTANI		Charles	C 15416	r his		of Knoll Ka	14 Mur. (olumb!	IL MI	1 2104
w > 5		BURIAL, CREMATION, REMO			AME OF C	METERY OR CREMATORY	23d LOCATION	cou		STATE
		Burial	July 1	9,1875	naan (Corners	Canaan To			211111
		UNERAL DIRECTOR		ICA	Haart.		TE REC D. BY REGISTRAN	25b REGISTRAR'S	SIGNATHS	صنفيد الم
50M 4/82				Abing	don M	d. 21009	TE REC D BY SEGISTAN	()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15, 4)	Ho	ward K. McCom	as III Fu	neral Hom	e P.A		-			

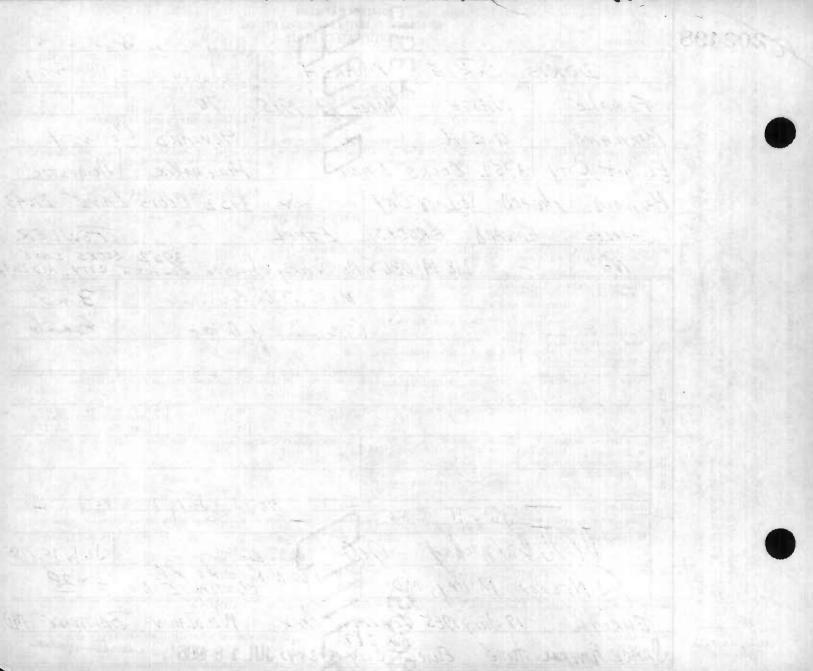
STATE OF MARYLAND



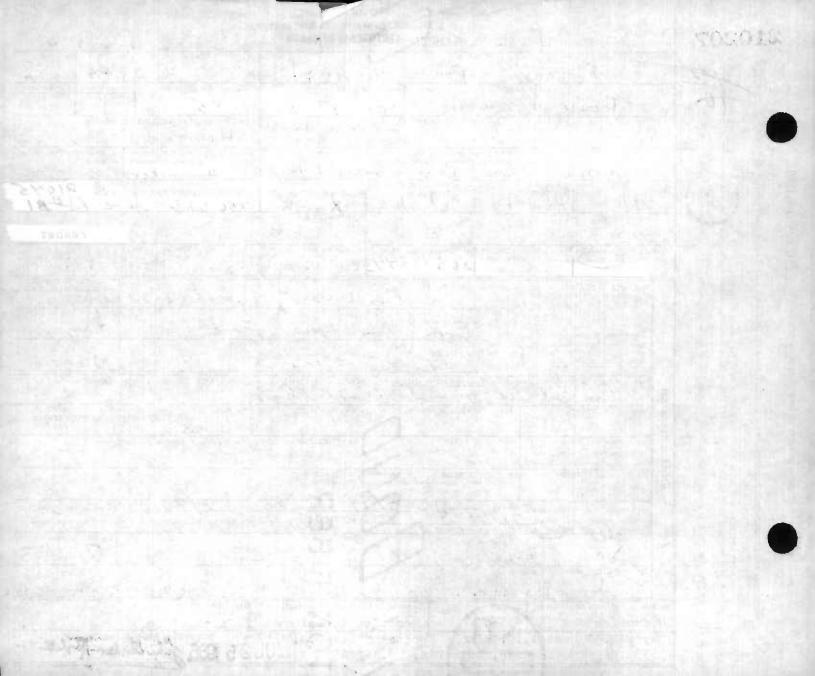
207112	1-	FOR STATE	AAI		OF HEALT	MARYLAND H AND MENTAL CERTIFICATE (DEDEATH.	0 2 1 7
% S. S. S. F.		REGISTRAR CEASED NAME FIRST DE OR PRINT) MARGINETICS PROPERTY OF THE PROPERTY		MIDDLE		Euls	20. DATE KNOWN	NO. 1 3 3 3 NO. 10 P. 10
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	3. SE.	Pmale Cayc.	S. DATE OF BIRTH	- 17 6	E (IN YEARS IF U	NDER TYR. IF UNDE	PRONOUNCED DEAD	7 - 9 1985 1032
NECESSA FUNERAL 5 FOR Y 5, WITHIN W. PREST	M	IRTHPLACE (STATE OR DRESCH COLINIES) ANYLAND MY HOLLONDOR DEATH	USA	VHAT COUNTRY?	WIDO	^-	CED How my	OR COUNTY OF DEATH
A HE A HE	F	ULTON AL RESIDENCE (IF IN HURSING HOME C	11913 L	ime Kiln	Road	HER INSTITUTION	120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) housewife	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY home
D. 21201 IF ANY DEL 2, AND 3 TO 3, RETAIN F SHOULD BE ALRECORDS,	13a. S	aryland Howa	TY	Fulton		T3d. INSIDE CITY LIMITS? YES NO THER'S MAIN		ln Road 20759
DEATH DEATH DEATH SES 1, M PM AND 3	J	ohn Brooke	MED FORCES?	LAST	CURITY NO.	15. MOTHER'S MAID FIRST ISabel 17. INFORMANT		LAST
RS AFTER CONFIDENCE OF PAGES 1	n		WAR OR DATES)		0-3136	Barbara A	Allen Box 217	Hardy, Arkansas APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 201 W PRESTOR HOULD BE EXECUTED. THE PROBLEM FROM THE MEDICAL EXAMINATE PROBLEM AND MEDICAL TRANSIT PERM OF HAALTH AND MEDICAL HYGIENE. RIAL, CREMATION, CAR REMOVAL.		PART I DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.	DUE TO, O	AS A CONSEQU		Amschis	ARTION	la disese
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN IT ROED TO THE CHIEF MEDICAL EXA RES 3 SHOULD BE USED AS A BURRAL E DEPARTMENT OF HEALTH AND MITOR PRIOR TO BURRAL COLOR PRIOR TO BURRAL, CREMATION,	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH				20 AUTOPSY? YES □ NO 🔀
DIVISION OF VIT THIS CERTIFICATE SH, WARDED TO THE CI PAGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BUJ	SICAL	214 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.	M. MONTH DAY	YEAR 19	OCATION	ED (ENTER NATURE OF INJURY IN ITEM I	IS PART I OR PART 2)
DIVIS DER: THIS CER CATE, WRITIN CORWARDED OR: PAGE 3 S HE STATE DEP	WEI	WHILE NOT WHILE DAT WORK	STREET, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CRRITICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a. I certify that I took charged death resulted from: Nature ACTUAL SIGNATURE	e at the remains de ral causes	Accident ,	Suicide	Inspection of the Control of the Con	Undetermined manner MEDICAL EXAMINER	DATE SIGNED 7-9-85
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	730.8	EXAMINER'S NAME TO A TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2		Criby 1t,	(M))	ADDRESS 0)	1027+CR, 1	1d 21043
BP		Burial	July 12,	1985 Ged	rge Was	hinaton Ce	CITY OR TOWN	COUNTY STATE
(VR A15 ME (5))		NAME Donaldson F	uneral Ho	ome, Laur	el, Md	,111	300 1995 Julia	Davidson Rondall



				STATE OF MARYLAND		
203498	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	00714
W 2003430	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ITH DAY YEAR 26 HOUR
oy be death		ORPRINTI DORIS	5 LARUS	MARSH	16.14	15 1985 5:201
moy br	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
ge 4.	1	FEMALE	WHITE	MARCH 19 191.	5 70	YRS.
fr. Po	Ta. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		
des des	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
oy the	E	LICOTT CITY	3952 COOK		HOMEMAKEK	ORKING LIFE) INDUSTRY
hour hour	USU/ 13m/	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORMER NTY 13 CITY OR TO	DRE ADMISSION) 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS ZI	P CODE
Show fills	19/	ARYLAND TON	WARD CURCOT	YES NO P	3452 COO.	KS LANE ZIOYS
AARY d with d with d with xomin	0	FIRST FHAPISC	FRUMPA BRO	OOKS FIRST	WIDDLE	FAMILER
RE, A			RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS 29	52 COOKS LANE
DI I		No	- 218-14-	OBGS MS. BEVERLY	NILHIDE ELZ	ICOTT CITY, MD 2107
BAI A STATE		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	inly ane cause per line far (a), (b), (ED BY;	and ich	E Par a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15 Z		IMMEDIA	ATE CAUSE (a)	ple pa green	- Collegen	2 mer
ston tren tren ton, er		Conditions, if any, which	DUE TO, OR AS A CONSEQ	VENCE OF Carenaria	of avers	Bonont
W. PRE		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	UENCE OF		X SELE
Signed I	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART 11a
Inw requests been sermit The e prior to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
Al hoo	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	YES NO
NG PHYSICIAN: T otherding physicial the this certificate os the buriol-transit hand Memal Hyginarked or them 18 shad or them 1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	SKKED (ENIER NATURE OF INJURY IN	IIIM 16 PART I ON PART 2)
ION OF HYSICIA anding plans this certify buriefred a Mental or them	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS offer to the shore of the	2	AT WORK NOT WHILE	TALLOWE, SHEET, FACTORY, OFFICE	C. PARM, CTC 7		
N. A OR. A Heals	F.A.		orial) attended the deceased from	('/	0.10 Jaly	19 85 , that (1) (we) lost
ATTE OSPITE OSPITE OSPITE OF THE OFFITE OFFI		saw the deceased alive at abave, (I) ((did) (7) (7)	or view the bady after death.	DEGREE	in death accurred on the date of	and hour and from the causes stated
the h		226. SIGNATURE	le a Michan	ATTENDING	MEDICAL STAFF	1.1 1-1085
HOSPITAL med by the FUNERAL UID be detected to the Store		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 2 1/	ROLLING Ref.	20
TO HOSPITAL etoined by 1 TO FUNERAL should be de with the Stori		(J. NELS	ON McKBY, 1	1,D. 113211.	BALTINOKE	Mo. 21228
	23o. I	SURIAL, CREMATION, REMOVAL	L 23b. DATE 236	NAME OF CEMETERY OR CREMATOR	23d LOCATION	TONIY TONIS MAIE MAI
BP	74 E	DUP 19 L JNERAL DIRECTOR	JULY 1963	LORRAINE TARK	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	LACY FINNELL	Thomas Elin	DON 460 M 21012.	IUL 1 8 1985	ima Davideo Handall



			STATE OF	MARTLAND			
1.	FOR STATE				SIENE	0 0 7	1 7
	Alter Aller			IE OF DEATH			1 3
		2	111	1	20 DATE OF DEATH	d	
			-	her-	1105		
1:5E		1 ,	MONTH	DAY_ YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
9				17,1899	_ 86	YRS.	
	RTHPLACE (STATE OR FOREIGN) COLAND	USA.	MARRIED MIDOWED	DIVORCED [A 1	rd cou	inty MD.
10 C	11 O 14 mb, b	I (IF NOT IN SUCH FACILITY GIVE	STREET ADDRESSY	1)1 -	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY Ck Market
USU.	STATE 134 COUN	TY IBC CITY OF	TOWN 13d. I	NSIDE CITY LIMITS?		ZIP CODE	21045
14. FA	ATHER'S NAME		15. N		MĚ	nere noe	d Aper Di
	Samuel	Ga	llic	Soa	WIODIE		Fisher
160 \	NAS DECEASED EVER IN U.S. ARA YES, NO O(UNKNOWN)) (IF YES, GIVE NO	WAR OR DATES)	1120 2222		eel Jr. Ga	Napa Valle ithersburg	Road Md. 20878
		v one couse per line form). (b), ond (@)	/	1	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			inden a	mesti,	resounty.	errest or	nontes
	MMEDIAII		SECULENCE AE	0/1	2 1.		1
	Conditions, if ony, which	(b)	sealing.	Totant	Farly	a	ano
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A COO	SEQUENCE OF	sterosi	,	r	jears.
NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contribution</u>	GTO DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN A	RT 110 ·
TIFICAT	190 DATE OF OPERATION	1% CONDITION FOR W	VHICH OPERATION WA	S PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
		TH HOUR A.M. MONTH	H DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART I OR PAI	RT 2)
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION STREET	CITY OR FOV	VN COUN	TY STATE
	AT WORK AI WORK	-b -w	3/19	10 8.5	7/2	3 10 85	thou (I) (we) lost
				t in (my) (our) opinion	deoth occurred on the do	te and hour and Iron	
	oboyer (we) (didy did no)	whe body ofter death.		0		- America	DATE SIGNED/
10	The same of	1/7	m		MEDICAL STAF	1000	7/23/80
	774 PHYSICIAN'S NAME LIVE OF	PRINTI	1228		DIRECTOR PHYSIC	IAN	1 20011
				11005 1344	la Datument	D = =1 0	21044
220						rarkway, Co	olumbia, Md
	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
							Md.
					L25 1985	whe Davidson	- Handell #
	7a. Bl P P 10 C USU 13a 3 14 F/2 166 V 17 T	TO STATE REGISTRAR FRANCES DECEASED NAME PROTECT SEX	STATE REGISTRAR FRANCES PAULINE MICHE REGISTRAR FRANCES Paul 1 RACE A RACE	TO BETT PRANCES PAULINE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL COLOR OF THE MICHEEL COLOR OF THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL CALLS TO THE MICHEEL CERTIFICATE REGISTRAR FRANCES PAULINE MICHEEL CALLS TO THE MICHEEL CALLS TO T	TSTATE REGISTRAR FRANCES PAULINE MICHEEL CRITIFICATE OF DEATH DECEASED NAME 1831 MIGORE FOR CONTROL SEX CONTROL TO BIRTHPLACE (STATE OF PORTION DE CITIZEN OF WHAT COUNTRY) TO BIRTHPLACE (STATE OF PORTION DE CITIZEN OF WHAT COUNTRY) TO BIRTHPLACE (STATE OF PORTION DE CITIZEN OF WHAT COUNTRY) TO SUMPLY TOWN OF DEATH TO LANGE OF HOSPITAL, NURSING HOME OF OTHER WISTINGTON OF SIRRET ADDRESSAY TO SUMPLY TOWN OF DEATH TO UND A DECEASED NURS ARMED FORCES? TO UND A DECEASED NURS AR	FOR STATE REGISTRAR FRANCES PAULINE MICHEEL CERTIFICATE OF DEATH SEGISTRAR FRANCES PAULINE MICHEEL CERTIFICATE OF DEATH SEGISTRAR STATE STATE	FOR STATE STATE STATE PAULINE ICHE CERTIFICATE OF DEATH SEG. NO. J. 2. DATE OF DEATH MORNING DATE TO DEATH MORNING DATE DATE



4	1 -	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFIC ATE OF DEATH	SIENE 8 5 REG. NO.2	0316
		EASED NAME FIRST	MIDOLE A	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
-	051	EDIT	H AGNES	MURPHI	/	21 85 1:35 Pm
]	. SEX	Female		ATE OF BIRTH MONTH DAY YEAR 1 0 1 14	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 21 HRS. MONTHS DAYS HOURS MIN.
35			b. CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
7	0 CII	OF TOWN OF DEATH 1	NAME OF HOSPITAL, NURSING HO IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	9-1-1-	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
4	MALLA	0-11/1	LORIEN NUI	SING HOME	HOUSEWIFE	
13	30 S			134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ODE HINGTON BLU
30	FA	THER'S NAME FIRST M	IODLE LAST	FIRST MAIDEN NA.	ME MIDDLE	SMITH
7		YAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	MAR OR DATES	30 HAMMER	MURPHY BL	620 WASHINGTON VD. ELKRIDGE, MI
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (o), (b), and (c), BY: CAUSE (a) ME TASTA	IL BREAST (CANCEP.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 manual
		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)			
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART Tro
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 200. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	EAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION	CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this hospito saw the deceased alive on _ above, (I) (we) (did) (did not)	7.19 19 85	ond that in (my) (our) opinion o	to 7 · 22 .	, 19 95 , that (I) (we) lost hour and from the couses stated
		226. SIGNATURE	0 %	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
7		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	PHYSICIAN TO SO		DGE RD
		KRICHNIA	P. KIIMAD	COLUMBIA	MA 21046	

23t. NAME OF CEMETERY OR CREMATORY
Meadowridge Mem Pk Dorsey

DHMH - 16 60M 7/B4 (VRA 15, 4) Ambrase Inc. 1328 SulphuresSpring 21227

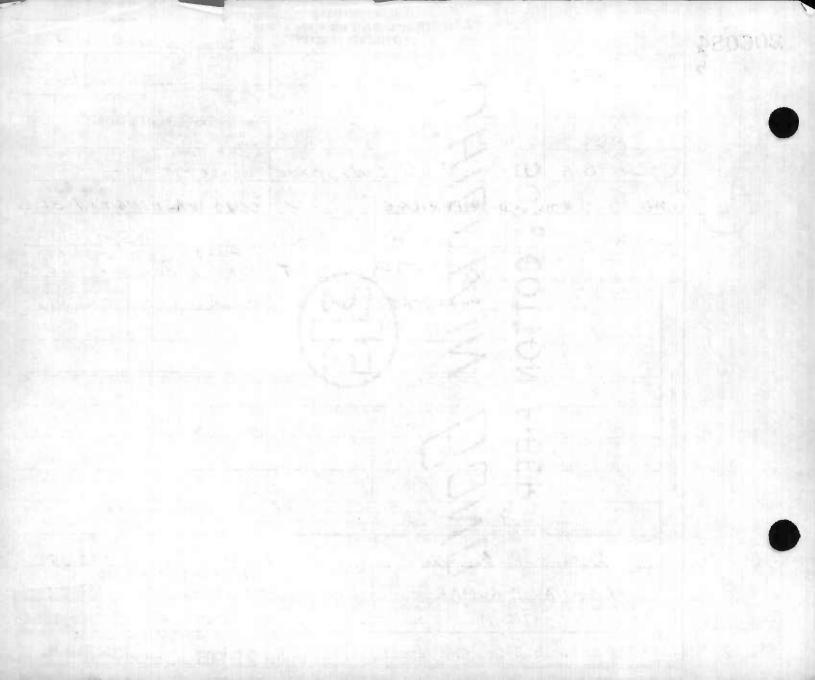
7/24/85

230. BURIAL, CREMATION, REMOVAL

Burral

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Howard Mary land



22d. PHYSICIAN'S NAME ITYPE OF PRINT!

236 DATE

230 BURIAL CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

Middleburg Schoharie NY Burial 8-1-85 Middleburg Cemetery Spaing 20 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR INC. LAUREL

on Board of Family Practice DING

METERY OR CREMATORY

MEDICAL

23d LOCATION

HYSICIAN P

STAFF

DIRECTOR PHYSICIAN

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

YES T

45

Robert S. Godowin, M.D. Certifol, American Boart of Family Predict 9650 SANTIAGO ROAD COLLIMOTA, MB 23645 5901) 987-5333

A. White ZEN OF WHAT COUNTRY?	OPPO CVAD IS MOTHER'S MA ITY NO. 17 INFORMANT B67 Bouleva	TH 3 REC 120 DATE OF DEAT July 10 AGE (IN YEARS IA CED 120 USUAL OCCUPANT IN STITCHE WORK FOR AN STITCHE IN S	AST BRITHDAY) AST BRITHDAY) FE UNDE PAST OF WORKING LIFE IND PAST	ATH KIND OP BUSINESS OR DUSTRY O2746 LAST LAST LESS LEY Blv82746
MIDDLE A. ZEN OF WHAT COUNTRY? USTA WHE OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET AD STITUTION, GIVE RESUDENCE BEFORE A 13c. CITY OR TOWN New Bedfo LAST Lopes DATES OLOPES O	S. DATE OF BIRTH MONTH — DAY B. MARRIED — NEVER MARR WIDOWED DIVORCE SHOME OR OTHER INSTITUT DORESS D'AMISSION 13d. INSIDE CITY LI YES — NO 15 MOTHER'S MA FIRST Ad ITY NO. 17 INFORMANT 367 Bouleva	July 10 DATE OF DEAT July 10 AGE (IN YEARS IA PRIED 9. BALTIMORE CI CED 120 USUAL OCCU ITYPE OF WORK FOR M Stitche IMITS? 130.STREET ADDRI 54 Syl. MACHINAME ide MIDE LIMITS? AIRCRAFT ADDRI A	TH MONTH DAY 6 1985 AST BIRTHDAY) FUNDE YRS. TY OR COUNTY OF DE WOWN COUNTY OF DE WOWN COUNTY OF DE WOWN COUNTY OF DE WORKING HEEL IND PATION ACST OF WORKING HEEL IND PRESS / ZIP CODE LVIA STREET NU ADDRES 223 Ashl OME New Bedf	RIVEAR GUNDER 74 FRS DAYS HOURS MIN. ATH KIND OP BUSINESS OR USTRY 1 Industry 2746 LASI INES Ley Blv82746 APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS.
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ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET AD STITUTION, GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN New Bedfo LAST Lopes DRCES? 16b SOCIAL SECUR: 015-10-08 ause per line for (a), (b), and (b); and (c) SE (a)	MARRIED NEVER MARR WIDOWEDD DIVORC G HOME OR OTHER INSTITUT ODRESS) OT 13d. INSIDE CITY LI OT 15. MOTHER'S MA FIRST Ad ITY NO. 17 INFORMANT 3667 Bouleva	9. BALTIMORE CITY OF THE PROPERTY OF WORK FOR M. Stitche IMMITS? 136.STREET ADDRINGS 54 Syl. ADDRINAME ide MIDE ALL CALL CALL CALL CALL CALL CALL CALL	JPATION JPATION LOCATION MOST OF WORKING LIFE 12b. ET - Garmen OZ /45 RESS / ZIP CODE LVIA Street NU MDDRES 223 Ashl DIME New Bedf	KIND OP BUSINESS OR USTRY 1 Industry 02746 LASI INC. LASI ORD. APPROXIMATE INTERVAL INCIDENT AND DEATH EXTERNAL OF AND DEATH
ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET AD STITUTION, GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN New Bedfo LAST Lopes DRCES? 16b SOCIAL SECUR: 015-10-08 ause per line for (a), (b), and (b); and (c) SE (a)	DIVORCE HOME OR OTHER INSTITUT DORESS) DAMISSION 13d. INSIDE CITY LI OT 15 MOTHER'S MA FIRST ITY NO. 17 INFORMANT 367 Bouleva	Stitche Stitche Stitc	DIPATION ADST OF WORKING LIFE I IND ET - Garmen O2/45 EXIST CODE VIA Street Nu ADDRESS 223 Ashl DIME New Bedf	KIND OF BUSINESS OR USTRY 1 Industry -02746 LASI INES Ley Blv82746 Ord, Mass. APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS. APPROXMATE INTERS.
ME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET AD STITUTION, GIVE RESIDENCE BEFORE A 132. CITY OR TOWN New Bedfo Lopes DRCES? 166 SOCIAL SECURI 015-10-08 ause per line far (a), (b), and (c)	DORESSI DEN CVAL DOMESSION 134. INSIDE CITY LI Ord 15. MOTHER'S MA FIRST ITY NO. 17. INFORMANT 3667 Bouleva	Stitche 130 USUAL OCCU 1796 OF WORE FOR M Stitche MITS? 130 STREET ADDRI S4 Syl ADDRINAME ide MIDE ADDRINAME ide MI	er - Garmen 2/45 RESS / ZIP CODE VIA Street Nu ADDRES 223 Ashl ome New Bedf	1 Industry -02746 Industry 1000
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GE (0) Courdo	(c).)		\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
GE (0) Courdo	- vecpivai	France Carlo	Vince	minute
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L IO, OR AS A CONSEGUEN	ICE OF A	,		41
(b) left cen	ebral hemis	phere q	liona	months
E TO, OR AS A CONSEQUEN	ICE OF	0		
IONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART Ita
CONDITION FOR WHICH C	PERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED
		YES T NO		NO
TIME OF INJURY		Y OCCURRED (ENTER NATURE OF	F INJURY IN ITEM 18 PART I OR	PART 2)
P.M.	19			
PLACE OF INJURY	211 LOCATION	CITY	OR TOWN CO	UNTY STATE
HOME STREET, FACTORY, OFFICE, FAR	IM EIC)		1.	
ended the deceased fram	6/27 19	9_85, 10_7	19	8.3, that (1) wellos
7/6/1 19 8	2, and that in (my) aut	apinian death accurred on t	the date and hour and Ir	am the causes stated
ALLIEN ID	DEGREE		22	DATESIGNED
MUNUK		NDING MEDICAL SICIAN DIRECTOR PH	STAFF HYSICIAN [7/6/85
	22e. ADDRESS	11	Columbia.	Mdo
CW	1080	12 Itic ho	my Middle	2 Hoord
DATE 23c. NA	ME OF CEMETERY OR CREM	AATORY 23d LOCATION		
10/85 Pine	Grove Cemete			
	CONDITION FOR WHICH CONDITION FOR THE CONDITION OF THE CONDITI	E TO, OR AS A CONSEQUENCE OF (c) IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONDITION FOR WHICH OPERATION WAS PERFORME TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM, ETC.) PROBLEM TO THE DESTRIBUTION OF THE PHYSICAL PROBLEM OF THE PH	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM ETC.) PLACE OF INJURY HOME STREET, FACTORY, OFFICE, FARM ETC.) DEGREE ATTENDING PHYSICIAN DEGREE DEGREE ATTENDING PHYSICIAN DEGREE DEGR	E TO, OR AS A CONSEQUENCE OF (c) IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN IONS CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES

Tu-en-ly who to du slamo 7 White D. Rowell and the transfer of the found board will be discussed Solvering There Vid your living it stroys SERVICE SON MARKED BOX South south with at with some in the form of the south

STATE OF MARYLAN	ND.	
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	DIA	IF OF W	AKTL	ANU	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI

100	1				STATE	OF MARYLAND				
169	1.	FOR STATE		DEPARTA		ALTH AND MENTAL H	YGIENE	0 0	7 1	Q
		REGISTRAR				CATE OF DEATH	8 3 REG. 1	102 0	2 1	
		OR PRINT) Sarah	E. Pr	ell	LA	51	July 23, 1		AY YEAR	10 A. M.
3.1	3. SE	(4. RACE		5 DATE OF		6 AGE TINYEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
7	/	Female	White		12-1	1-1898 YEAR	86	YRS.		
3	7a. BI	Batto. M.	U.S.		WIDOWED		9 BALTIMORE CITY	DR COUNTY	vard (o	MU.
1	10. C	Columbia, Md.	Howard	Courty G	ig HOME OF	HOSP.	Office ret		12b. KIND O	.G.
35	13e. S	AL RESIDENCE (IF NURSING HOME COU	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES MO	5831 Bel	air Ra	-21206	í
0	4. F.A	THER'S NAME Harry	Mgo! Heno	lerson ^{AST}		15. MOTHER'S MAIDEN I	ie V. Keagle		LAS	1
2		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? WE WAR OR DATES!	214-16-6	8///	Mrs. Nancy	E. Affeldt	10841 1	Harmel ia, Md	Dr. 21044
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY:	r line for (o), (b) one	d tell		0.		BETWEEN C	MATE INTERVAL ONSET AND DEATH
ic eve			TE CAUSE (0)	MICK	1014	ranny +	drang		uo	щ
		Conditions, if any, which	DUE TO, C	RAS A CONSEQUE	las l	react deres	ul		14	aus
		gove rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE						
		underlying cause lost.	(c)							
	z	PART 2 OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO L	DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	VDITION GIVE	EN IN PART 1:	3
1	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY?	IN CERTIFY	, WERE FINDIN	
1	CER	218. ACCIDENT WAS UNDERLYING			AV YFAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN			
-	CAL	OR CONTRIBUTING CAUSE OF DE	R) P	.M.	19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY REET FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
		AT WORK AT WORK			17	- /30 10 8	7	72	. 0-	
		22a. certify that (1) (this hasp sow the deceased alive a above (1) we) (did) (did a			55 , one		on death occurred on the	dote and hour		that we) lost
		226 SIGNATURE	of) view the body	ofter death	D	DEGREE			22c DAJE	SIGNED
		1	Vous	P	in	ATTENDING PHYSICIAN	MEDICAL STA		7/29	4/85
1		224. PHYSICIAN'S NAME (TYPE	Corecity .	1.05		Me ADDRESS	Belo X	2-11-2	(24)	
	23n F	SURIAL, CREMATION, REMOVA	L 23b. DATE	122, 1	JAME OF CE	METERY OR CREMATOR	1381910 K	4 20	113	
		Burial	7-26-			Park (emete	ru Balto	· M.	COUNTY	STATE
	24 FI	JNERAL DIRECTOR	1 ,				ATE REC'D. BY REGISTRA		RAR'S SIGNAT	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

John C. Miller Inc-6415 Belair Rd. -21206

JUL 25 1985 Gisha Lavidson-Randale

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22b. SIGNATUR DEGREE 22c. DATE SIGNED		The state of the s	C Company	atter death.	1	DEGREE				22c. DA/E	SIGNED
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(SPECEY) CITY ON COUNTY STATE	- (SPEC IFY)					C	ITY OR TOWN			
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		JNERAL DIRECTOR	TOULY I		· LI						
NAME ADDRESS		NAME		nsville				2 1985	n. K		m .

Francis H. Barber Laytonsville, Md. 20879

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME (TYPE OR PRINT) 7-22-85, DEATH MATED JOHN SEX 4 RACE 7d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 0:30A DEAD Dec. 18 1942 42 YRS White Male BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COLINTRY U.S.A. Howard County DIVORCED Tenn. IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY NOVELING ACILITY GIS STR LADDREST Constr'n. Rural Laborer G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN N. Y. N.Y. 25 W. 77th FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Clarence W. Taylor Estelle Hughes 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANI ADDRESS Tenn. IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) No 241-66-0871 Morris-Baker F. H., Johnson City 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? WRITING THE WORD PROARDED TO THE CHIEF OF SACE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL. 2D AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9:42AM 7-22-85 UNDERLYING X OR subject walked into the path of moving vehicle CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED Northod. U.S. Rt. 11TY OR TOWN tractor AT WORK AT NOT WHILE TREET, FACTORY, FARM FYC hawy. of Cedar Ave. Howard Co. Maryland Autapsy X 220 I certify that I took charge of the remains described above, held an Suicide X Hamicide death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL .Assistant DATE 7-22-85 SIGNATURE MEDICAL EXAMINER Gregory R. Kauffman, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY Removal-Burial 7-23-85 Washington Tenn. Taylor Family 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Henry W. Jenkins & Sons Co., Balto., Md.

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Honey W. Landing Song Co., Barto., Wa. Ludgard St.

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FOR
- STATE
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DE	CEASED NAME FIRST ELSIE	MIDDLE E		RESKO	20. DATE OF	DEATH MONTH	DAY 21	85	345 M
3. SE	Female	Nhite	S. DATE C			ARS LAST BIRTHDAY)	IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Mar	IRTHPLACE (STATE OR FOREIGN CYTTAN)	U.S.A.	MARRIE	NEVER MARRIED DIVORCED ROTHER INSTITUTION	1	HOWAN	1		WE
Ca	AL RESIDENCE (IF NURSING HOME OR	Howard Cou	STREET, ADDRESS	nescl Hosp	1 1 TYPE OF WORK	CCUPATION FOR MOST OF WORK CYCS	UNG LIFE) IN	Food	F BUSINESS OR
Ма	aryland Balt:		downe	13d. INSIDE CITY LIMIT YES NO 1	2400	DDRESS / ZIP		21	227
7	Claffence Hill	IDDLE LAS	ī	Lettie I		MIDDLE		LAST	
0	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 16 YES, NO OR UNKNOWN) 18 YES, GIVE WAR OR DATES)			PeggySpurrier 2900 Bero Rd. 21227					
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate couse (o), storing the	puratory arred lepatric failure				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES W MOON the			
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT APENIA 190 DATE OF OPERATION DUE TO, OR AS A CONSEQUENCE OF Condition, or as a consequence of Cholangio Cau Cholangio Cau 190 CONDITION FOR WHICH OPERATION			NOT RELATED TO THE		OR CONDITION	N GIVEN IN	PART 110	
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	220.1 certify that (1) (this hospital) attended the deceased from JULY 19.83, to JULY 21, 19.85, that (1) (we) lost the deceased alive on JULY 21, 19.85, and that in (my) (our) aprintant death occurred on the date and hour and from the causes stated the deceased of the body after death.								
	William James m.			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					21, 1985
	WILLIAM PA	COLUMBIA, MD. 21044							
	BURIAL, CREMATION, REMOVAL SPECIEY) Burial	7/25/1985			Bal	timore	City	, Md	STATE
	uneral director brôse, Inc. 132	8 Sulphur ***	Spring		DATE REC'D. BY RE	- 1			

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